

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | RH       |        | 6/26     |
| O.I.P.E. CLASSIFIER       |          | 48     | 7/3/01   |
| FORMALITY REVIEW          | R.B.     | 1026   | 08/14/01 |
| RESPONSE FORMALITY REVIEW | EP       | 1027   | 11-19-01 |
|                           | LC       | 1024   | 12-20-01 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 8/25/02 |
| 2     | ✓     | ✓        | 9/3/03  |
| 3     | ✓     | ✓        | 7/1/03  |
| 4     | ✓     | ✓        | 9/23/03 |
| 5     | ✓     | ✓        |         |
| 6     | ✓     | ✓        |         |
| 7     | ✓     | ✓        |         |
| 8     | ✓     | ✓        |         |
| 9     | ✓     | ✓        |         |
| 10    | ✓     | ✓        |         |
| 11    | ✓     | ✓        |         |
| 12    | ✓     | ✓        |         |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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573  
 12-20-01  
 850  
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 11/19-1